

****Please have the Veteran complete this application****

Application for Admission

Stress Disorder Treatment Program

[A Specialized Inpatient PTSD Unit]

Colmery-O'Neil VAMC
Stress Disorder Treatment Program (4-2C)
2200 SW Gage Boulevard
Topeka, KS 66622
telephone (785) 350-3111 ext. 52110, fax (785) 350-4624

Veteran's name: _____ Date of application: _____

SSN (full): _____ Date of Birth _____ Gender: Male____Female____

Permanent mailing address: _____

Home telephone number: _____ Work: _____ Cell: _____

Temporary mailing address (if any): _____

Temporary telephone number (if any): _____

Instructions

- Complete all parts of the application packet. You may attach additional pages if needed. Better information enables us to make an appropriate admission decision more quickly.
- Be sure to answer the specific questions asked on the application. You may attach copies of any records or other information that would help us to understand your situation better.
- Notice that a signature of your current mental health treater is required.
- If you are missing some of the required materials, please mail what you have. You can then mail the remaining materials when you are able. Please know that incomplete applications are held on file and not processed until all required information (**marked * below**) is received.
- Please call if there are specific questions about how to complete the application packet.

Application Materials Checklist

| | <u>Enclosed</u> | <u>To be sent</u> | <u>Comment</u> |
|-------------------------------|-----------------|-------------------|----------------|
| Completed application* | _____ | _____ | _____ |
| Copy of DD-214* | _____ | _____ | _____ |

To obtain your DD-214 online, go to:
<http://www.archives.gov/veterans/military-service-records/>

Form 10-10EZ

(this is not required for those seen at the VA facilities in Wichita, Topeka, or Leavenworth, KS or in Kansas City or Columbia, MO)

The Stress Disorder Treatment Program is designed for treatment and rehabilitation. Veterans who only wish to establish a service-connected disability should pursue that through the available administrative channels.

Goals for Treatment: What (specifically) do you want to accomplish in this program?

Traumatic Events: The program is designed to offer some trauma-resolution opportunities. Please describe briefly, *but specifically*, the traumatic events that you would like to focus on in the program. In this section it is necessary that you identify some specific events that bother you, describe them in enough detail that we can tell what happened *and* what your own part was in those situations. You may attach additional pages or other materials that speak to these events.

Loss Issues: Are there other loss issues in your life that you want to work on in this program? What are they?

Family History: Describe your “growing-up” years. (Who raised you? Who lived in your household? Where were you raised? Did you move? Did your parents work? Did they change jobs? Were there problems? Did your parents divorce? Were you abused? Did you have legal problems? At what age did you leave home? Etc.)

Education: Did not finish high school _____ Have G.E.D. _____ High School Graduate _____
Describe any further education you have.

Marital History: Please list all marriages or significant relationships (name of spouse or significant other, dates, etc.). Please list all children and describe your current relationship with them.

Employment History: Working: _____ Unemployed: _____ Unable to work: _____ Retired: _____
What is your usual type of work? List your jobs, employers, and reasons for leaving jobs you have had since your discharge from the military.

Service Connected (circle one)? YES NO

Please indicate diagnoses that are Service Connected with percentages:

Previous Mental Health Treatment: What inpatient or outpatient treatment have you had for PTSD, substance abuse, or other mental health problems? Please list past and current treatment. Include place, dates, reason for treatment, and type of treatment. Did you complete these programs? If not, what was your reason for leaving? What was helpful to you in these treatment programs?

Substance Use/Abuse: When was your first use of alcohol or drugs? What have you used, for what periods of time, and in what amounts? Do you currently use alcohol or drugs at all? If not, when was your last use of any alcohol at all? When was your last use of any illegal or illicit drug? Do you attend self-help or support groups for substance abuse problems (AA, NA, etc.)? Have you had problems with gambling or any other addiction problems? If so, what are they and what have you done about them?
(All admissions must be alcohol-free and free of any illegal drug use for a minimum of 30 days. More clean/sober time may be required in some cases.)

Legal Problems: Please list and describe all past and present legal problems. What were the charges and the outcome of those? Give the dates, where these events occurred, etc. Have you been, or are you presently on parole or probation?

Veterans with current or pending legal problems will be required to furnish additional information and documentation about those. Suitability for treatment in the SDTP is determined on an individual basis. Decisions are made on grounds of clinical appropriateness, but may also take into consideration the likelihood that treatment will be interfered with or otherwise compromised. Falsifying or withholding information about legal matters is grounds for denial of an application or dismissal from the program. Resolution of pending legal issues may be required prior to admission.

Military History:

Branch of service: _____

Dates of active military service: _____

Describe your military service. At what age did you enter active duty? Were you drafted or did you enlist? When was this? Where did you train and what types of training did you have? What were your duty stations, units, and job responsibilities? What was your highest rank? Did you have any legal or disciplinary problems (other than those noted in the previous section) while you were in the military? If so, describe them. If you have had any type of discharge other than "honorable", please explain why. *Remember to include a copy of your DD-214 with your application.*

Religious/Spiritual Beliefs: *(This information is to help understand and support the spiritual needs of those in treatment.)* Describe your religious/spiritual upbringing. Do you have a current religious preference? What is it? Are you currently active in the practice of your faith? Have your religious/spiritual beliefs changed over the years? Describe any current spiritual concerns.

The Stress Disorder Treatment Program does not discriminate due to a veteran's religious beliefs.

Strengths: What are some positive qualities about you as a person? What assets do you bring to treatment? What are some of your talents or abilities?

Medical Issues: List any medical issues, including chronic pain, that would be important for us to know about. *Please be aware that our unit is not a chronic illness or pain management program. We make every effort to address acute medical problems, but our primary focus is treatment of trauma-related mental health concerns.*

Follow-up/Aftercare resource: If you are accepted and do attend this program, where would you do your follow-up care? Please give the name, title, address, and telephone number of the person(s) you would see for both counseling/therapy and medication prescription.

****Current Treatment Provider(s) name and contact information:**

Financial information: Since the inpatient PTSD program processes its own admissions, a completed *form 10-10EZ is required of all veterans making application from other areas.* This is necessary to verify eligibility, and to pre-load admission information into the computer system. Remote data is not always available to us on veterans from different areas, and what is available may or may not be accurate and current.

Health information: Please include a list of your current medications. Although ours is an inpatient program, we are not staffed or equipped to manage some medical issues. Any significant, current health problems that would affect availability or the ability to participate fully in the SDTP should be called to our attention and relevant information provided. This information is already accessible in the computerized record for veterans seen at those facilities listed on the front of this application.

Travel and reimbursement: Veterans may or may not be eligible for travel expenses to attend this program. Reimbursement for travel expenses may or may not be for the full amount of travel to Topeka. That may depend on the availability of other treatment options and must be determined at a veteran's local VA facility. The Patient Travel Office at this hospital determines reimbursement for a veteran's travel back home after treatment. Again, this is dependent on several factors and may not be for the full amount, even if a veteran is eligible for some reimbursement. Discuss this with your local VA travel office.

If you have questions: The Admissions Coordinator for this program can be reached by telephone at (785) 350-3111, extensions 52139 or 52110 from 8:00A.M. to 4:30P.M., M-F. Topeka, KS is in the Central Time Zone.

Return completed applications to: Kirsten Watkins PsyD., Admissions Coordinator
VAMC: Stress Disorder Treatment Program (4-2C)
at the street address on page one of the application

Messages and contacts: Is there someone who can get a message to you if we are not able to reach you at the addresses given at the beginning of this form?

| Name | Relationship | Address | Phone |
|------|--------------|---------|-------|
|------|--------------|---------|-------|

Veteran's signature and date

Referring therapist's signature and date